

Case Report

An Unusual Case of Psychogenic Vomiting in A 23-Year-Old Female Following Her Sister's Marriage

Arunika Mishra¹, Chayan Kanti Manna^{2*}

ABSTRACT

Background: Psychogenic vomiting is a condition where a person vomits without a physical cause. It often occurs due to psychological factors, such as stress, anxiety, or emotional distress. This type of vomiting can be a distressing and debilitating symptom, affecting daily life and well-being. While it may not pose a direct physical threat, it can lead to dehydration, malnutrition, and social isolation. Understanding the underlying psychological factors can be crucial in treating psychogenic vomiting effectively. **Case Presentation:** This case report presents a 23-year-old female with a three-year history of recurrent vomiting episodes that began after her sister's marriage. Despite extensive gastrointestinal investigations, no organic cause was identified. The patient reported feelings of inadequacy, anxiety, and loss associated with her sister's departure. A diagnosis of psychogenic vomiting was made, and the patient was treated with a combination of selective serotonin reuptake inhibitors (SSRIs) and cognitive-behavioral therapy (CBT). **Conclusion:** Significant improvement in symptoms was observed, highlighting the importance of considering psychological factors in the management of unexplained gastrointestinal complaints. This case highlights the need of considering psychological factors when patients present with unexplained gastrointestinal issues and highlights the benefits of interdisciplinary approaches in the treatment of psychogenic disorders.

Keywords: *Psychogenic Vomiting, 23-Year-Old Female*

Psychogenic vomiting is an uncommon presentation with recurrent, unexplained vomiting of one or more episodes per week that lacks an organic basis. There is vomiting due to several psychological factors, which is a rare yet significant presentation of emotional distress. It often occurs in the context of underlying psychological issues rather than a primary gastrointestinal pathology such as stress, mood disorders, depression, personality disorders, conversion disorders, etc. In this case report, a 23-year-old female presented to the outpatient clinic with a primary complaint of recurrent vomiting for the last three years, shortly after her sister's marriage. All pathologic and physiologic causes of vomiting were ruled out. It was then diagnosed as a case of psychogenic vomiting and after exploring the therapeutic approach, her recovery was seen.

¹Post Graduate Trainee, Department of Psychiatry, IIMSAR, Haldia, India

²Assistant Professor, Department of Psychiatry, IIMSAR, Haldia, India

*Corresponding Author

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CASE REPORT

History:

Ms. A, 23 years old Hindu unmarried, college student, belonging from an urban locality, a nuclear family with, a middle class socioeconomic background presented with a three-year history of recurrent vomiting episodes which began shortly after her sister's wedding, which she described as a period of intense personal and emotional upheaval. Both shared the same room since they were kids. Her elder sister has been her guide as well as her best friend. After she left home, the patient used to feel a significant void in her life. The vomitus was mostly the food she ate even if it was her favourite food item. When she was on an empty stomach the vomitus was clear liquid followed by nausea mostly. She went to a physician where she was prescribed Tab Ondansetron and Tab Pantoprazole which provided a short-term relief but it failed in the management of her uncontrolled vomiting which was quite progressive. Several tests including blood and radiological investigations were done over three years which did not show any significant findings. Suddenly, one day it became so severe that she had to be admitted to a nearby hospital for the same where she was managed with intravenous fluids and medications and was referred to the psychiatry department for further evaluation. The patient had no significant past medical or psychiatric history before the onset of her symptoms.

Ms. A was evaluated for psychological distress. She reported feelings of inadequacy, anxiety, and a sense of loss related to her sister's marriage. There were no indications of psychosis or mood disorders. The patient was managed with a combination of pharmacological (selective serotonin reuptake inhibitors, Escitalopram up to 20mg) and non-pharmacological interventions such as Cognitive behavioural therapy.

Her vomiting episodes decreased in frequency and intensity, and she reported significant relief from her psychological distress over next 3 months.

DISCUSSION

The connection between emotional distress and physical symptoms highlights the intricate relationship between psychological factors and gastrointestinal disturbances, commonly referred to as the brain-gut axis.¹

The literature consistently supports the association between psychogenic vomiting and psychological stress. A study by Chial et al. (2003) describes similar cases in which emotional and psychological stressors, such as relationship issues, life transitions, and unresolved anxiety, precipitated recurrent vomiting.² Ms. A's symptoms, which began during a time of emotional upheaval, align with such findings. The episodes were initially managed with antiemetics and gastrointestinal medications without significant success.

Zhao et al.'s (2010) study on psychogenic vomiting highlighted the ineffectiveness of traditional gastrointestinal treatments and the need for psychiatric intervention.³ In Ms. A's case, after a long period of unsuccessful drug treatment by physicians and gastroenterologists, she was eventually referred to a psychiatrist, where it was discovered that her symptoms were related to emotional and psychological stress. CBT has been identified as an effective intervention in the treatment of psychogenic vomiting. A study by Asukai et al (2010) found that cognitive behavioral therapy was effective in helping patients deal with stressors and develop healthier coping mechanisms, thereby reducing the frequency and intensity of vomiting.⁴ Furthermore, the use of SSRIs, which were prescribed to Ms A for the treatment of anxiety and depressive symptoms, is well documented in the

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literature. Research by Hejazi et al. (2010) emphasized that psychotherapy is used to provide better results in combination than pharmacological treatments as monotherapy.² Ms A's improvement over several months and the marked reduction in the frequency of vomiting episodes support the effectiveness of this combined approach.

The process of eliminating potential organic causes for vomiting, as seen in Ms. A's case through various diagnostic tests, aligns with the standard approach to diagnosing psychogenic vomiting. In a similar case reported by Hsu et al. (2004), extensive gastrointestinal workups failed to reveal any significant pathology, emphasizing the need to consider psychiatric causes when organic explanations are ruled out.⁵

Ms. A's feelings of inadequacy, anxiety, and loss related to her sister's marriage fit the typical profile of patients presenting with psychogenic vomiting triggered by psychosocial stress. Notably, there were no indications of psychosis or mood disorders, and the symptoms were directly tied to the emotional response, rather than a severe mental illness.

The long-term prognosis for patients with psychogenic vomiting varies, but with appropriate treatment, outcomes are generally favourable.

CONCLUSION

Psychogenic vomiting associated with emotional stress is exemplified by Ms. A's example, which is better treated with mental care than with conventional gastrointestinal therapies. As demonstrated in numerous examples documented in the literature, the combination of SSRIs and CBT worked well to control her symptoms and enhance her quality of life. This example demonstrates the value of interdisciplinary approaches in the treatment of psychogenic illnesses and emphasises the significance of taking psychological variables into account when patients appear with unexplained gastrointestinal problems.

List of abbreviations:

- **SSRIs:** selective serotonin reuptake inhibitor
- **CBT:** cognitive behavioural therapy

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Conflict of Interest

The author(s) declared no conflict of interest.

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